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Attorney Docket Number

| DECLARATION | FOR UTIL | TY OR | | | 9913 | 342 | | |
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| DESIGN | | | | First Named Inventor Michael A. Butkus | | | | |
| PATENT A | | CON | MPLETE IF | KNOWN | LKUS | | | |
| | R 1.63) | | Application | Number | T | - | | |
| Declaration | Declara | tion | Filing Date | | | | - | |
| Submitted OR With Initial | Submitt | led after Initial surcharge | Art Unit | - | | | | |
| Filing | (37 ČFI require | R 1.16 (e)) | Examiner N | lame | | | | |
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| I hereby declare that: | | | | | _ | | | |
| Each inventor's residence, ma | ailing address, a | and citizenship are | as stated b | elow next to ti | heir name. | | | |
| I believe the inventor(s) name which a patent is sought on the | d below to be t e invention ent | he original and first | inventor(s |) of the subject | t matter wi | hich is claime | d and for | |
| Method For Improv | ing Ultray | riolet Radiat | ion Dis | infection | n of Wa | ter | | |
| Using Aqueous Sil | | | | | | | | |
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| the specification of which | | (Title of the | Invention) | | | | | |
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| X is attached hereto | | | | | | | | |
| OR | | | | | | | | |
| was filed on (MM/DD/Y | YYY) | | as Uni | tad States And | olication N | umber or BC | Γ International | |
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| Application Number | | and was amende | d on (MM/[| D/YYYY) | | | (if applicable). | |
| I hereby state that I have revie | ewed and under | stand the contents | of the abo | ے ve identified s | pecification | n, including th | e claims, as | |
| amended by any amendment | specifically refe | rred to above. | | | | | | |
| I acknowledge the duty to di | sclose informa | tion which is mate | rial to pate | entability as d | lefined in | 37 CFR 1.56 | including for | |
| continuation-in-part application and the national or PCT intern | ns, material info | ormation which bed | came avail | able between | the filing of | date of the p | rior application | |
| I hereby claim foreign priority | benefits unde | r 35 U.S.C. 119(a |)-(d) or (f). | or 365(b) of | any foreig | in application | (s) for patent | |
| inventor's or plant breeder's ri | iahts certificate | (s). or 365(a) of ar | nv PCT inte | rnational appl | lication wh | ich designate | ed at least one | |
| country other than the United application for patent, inventor | States of Amer r's or plant bree | ica, listed below ar eder's rights certific | nd have als ate(s) or a | o identified be ny PCT intern | elow, by ch lational an | ecking the build | ox, any foreign | |
| before that of the application of | on which priority | is claimed. | u.o(o), o. u | , | adonal app | piloadon navii | ig a illing date | |
| Prior Foreign Application Number(s) | Country | Foreign Filing (MM/DD/YY | | Priori Not Clai | | Certified Co Yes | py Attached? No | |
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| Additional foreign applicat | ion numbers ar | e listed on a supple | emental pri | ority data shee | et PTO/SB | /02B attache | d hereto. | |
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DECLARATION — Utility or Design Patent Application

| statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Inventor's Signature Residence: City Washingtonville NY State Country USA VSA VSA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Family Name or Sumame Butkus Date 5 F2 b Cy Cittzenship USA VSA VSA VSA VSA VSA VSA VSA | | | - | | | | | | | | | |
|--|---|--------------------|--------------|------------|----------|---------|-----------|----------|-------------|-----------|--------------|----------|
| Address 901 North Stuart Street, Suite 527 City Arlington County Telephone Toughear of the statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements may leopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Michael A. State Country Washingtonville NY State Country Washingtonville NY State Country Lisa A petition has been filed for this unsigned inventor Family Name or Surname Butkus Date 5 F2 D CU Citizenship USA VA 2203-1837 703-696-2960 Thereby declare true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements may leopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Mailing Address 5 Madisyn Avenue City Washingtonville NY State Country Lisa Country Lisa Country Citizenship Date 5 F2 D CU Country Lisa Country Citizenship Date 5 F2 D CU Country Lisa Country Citizenship Date 5 F2 D CU Country Citizenship Date 5 F2 D CU Country Citizenship Country Citizenship Date 5 F2 D CU Country Citizenship Country Citizenship Date 5 F2 D CU Country Citizenship Country Citizenship Date 5 F2 D CU Country Citizenship Date 5 F2 D CU Country Citizenship Country Citizenship Date 5 F2 D CU Country Citizenship Date Country Citizenship Date Country Citizenship | Direct all correspondence to: | Custome | er Number: | : [| | | OR | X | Corres | ponder | nce address | below |
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| Arlington Country Telephone 703-696-8113 Tourney Tourney Telephone 703-696-2960 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Michael A. Tourney A petition has been filed for this unsigned inventor Family Name or Sumame Butkus Date 5 F2 L Cu USA Washingtonville NY USA USA VA 22203-1837 203-696-2960 Tourney VISA VISA VISA LIP 22203-1837 Country winder 180 visited with the knowledge are true and that all statements made on information and belief are believed to the true; and further that these statements were made with the knowledge that willful false statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements were made with the knowledge that willful false statements were made with the knowledge that willful false statements were made with the knowledge that willful false statements were made with the knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge are true and that all statements made on information in the knowledge are true and that all statements made on information in the knowledge are true and that all statements were made with the knowledge that willful false statements were made with the knowledge that willful false statements were made with the knowledge that willful false statements were made with the knowledge that willful false statements were made with the knowledge that willful false | 901 North Stuart Str | eet, Suit | e 527 | | | | | | | | | |
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| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Inventor's Signature Residence: City State Country USA A petition has been filed for this unsigned inventor Surname But kus Date 5 Fe b Cuy Washingtonville NY USA USA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor City Washingtonville NY USA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Siven Name first and middle [if any]) Jeffrey A. NAME OF SECOND INVENTOR: Tamily Name or Surname Starke Date 5 Fe B 2-0-4 Country USA Country Citizenship Date 5 Fe B 2-0-4 Citizenship Country Citizenship West Point NY USA USA | | | | | | V | A | | | 2220 | 03-1837 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Michael A. Inventor's Signature Residence: City State Country Washingtonville NY State ZIP Country Washingtonville NY LO992 USA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Siven Name first and middle [if any]) Jeffrey A. Residence: City State Country Washingtonville NY LO992 USA A petition has been filed for this unsigned inventor Family Name or Surname Starke Date Starke Date Starke Date Signature Citizenship West Point NY USA USA USA | Country | | Telephon | ne | | | Fax | | | | | |
| Statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Inventor's Signature Residence: City Washingtonville NY USA VSA VSA VSA VSA VSA VSA VSA | | | 703-69 | 96-811 | 3 | | | 703 | -696-2 | 960 | | |
| false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Michael A. A petition has been filed for this unsigned inventor Family Name or Surname Butkus Date 5 Feb Cu Washingtonville NY USA VISA and belief are believed to be | ents made here | ein of my o | own knov | vledge | are to | rue and | that al | stateme | ents ma | de on infor | mation |
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| Residence: City State Country Citizenship Washingtonville NY USA US Mailing Address 5 Madisyn Avenue City State ZIP Country Washingtonville NY 10992 USA NAME OF SECOND INVENTOR: Given Name first and middle [if any]) Jeffrey A. Inventor's Signature A Date Signature Residence: City State Country USA Residence: City USA Residence: City USA Country Citizenship West Point NY USA USA Country Citizenship USA USA USA USA USA USA USA USA | Inventor's | chael A. | <u> </u> | | | L | _ | - | But | | | |
| Residence: City State Country USA USA Mailing Address 5 Madisyn Avenue City Washingtonville NY State City Washingtonville NY 10992 USA NAME OF SECOND INVENTOR: Given Name first and middle [if any]) Nemontor's Signature Residence: City West Point NY USA Country USA Country Litzenship USA Country USA USA USA | Signature (2) | | | | | | | | | Date | | |
| Weshingtonville NY USA US Mailing Address 5 Madisyn Avenue City State ZIP Country Washingtonville NY 10992 USA NAME OF SECOND INVENTOR: Given Name first and middle [if any]) Jeffrey A. Newntor's Signature A. Residence: City State Country West Point NY USA USA | Pasidones City | | <u> </u> | | | | | | | | Feb | 04 |
| Mailing Address 5 Madisyn Avenue City State ZIP Country Washingtonville NY 10992 USA NAME OF SECOND INVENTOR: Given Name first and middle [if any]) Jeffrey A. Newntor's Signature û Make Starke Residence: City State Country USA West Point NY USA Country Citizenship USA USA | . / | State | | | Cour | ntry | | | Citizen | ship | | |
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| Washingtonville NY 10992 USA NAME OF SECOND INVENTOR: Given Name first and middle [if any]) Neffrey A. Nentor's Signature Residence: City West Point NY USA Country USA Country USA Country USA USA Country USA USA USA USA | | | | | | | | | | | | |
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| Given Name first and middle [if any]) Jeffrey A. Newntor's Signature Residence: City West Point Special Trials Deef fired for this disigned inventor Family Name or Surname Starke Date 5 FeB 2-04 Country USA USA USA USA USA USA USA US | Washingtonville | NY | | | | 1 | 0992 | | | บร | SA | |
| Family Name or Surname Starke Newntor's Signature Residence: City West Point State Family Name or Surname Starke Country USA Citizenship USA USA Country USA USA Citizenship USA USA | NAME OF SECOND INVENTOR: | | | | $ \Box$ | Αp | etition h | as bee | n filed fo | r this | asigned inv | ontor |
| Nventor's Signature Or State Or Surname Starke Date Signature Starke | Given Name | | | | <u> </u> | | | | 71 IIICG 10 | 4 4113 41 | isigned line | BITIOL |
| Neentor's Signature Date 5 FeB 2-04 Residence: City State Country USA US | (first and middle [if any]) $_{ m Jeff}$ | frey A. | | | | O | Surnam | 10 | torle | | | |
| Residence: City State Country Citizenship West Point NY USA US | Inventor's Signature Date û | Droke | | | | ! | ···· | | 1 | Date | | |
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| | Mailing Address | NY | | | U | JSA | | | U | S | | |
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| | West Point | NY | | | | | 996 | | • | | | |
| | X Additional inventors or a legal represe | entative are hairs | namad on the | . 1 | | | | | | | | \dashv |

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Supplemental Sheet

DECLARATION

| | | | | Page · | of | |
|--|------------|--|-------------------------|--------------|----------------|--|
| | | | | | | |
| Name of Additional Joint Inventor, if any: | A petition | A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle (if any) | | Family Name or | Surname | | | |
| Michael P. 22 |), | Labare | | | | |
| Inventor's Signature | 1 | lan | | Date 5 | Fel-04 | |
| Residence: City New Paltz | State | NY Co | untry USA | Citizenship | US | |
| Mailing Address 16 Valdine Road | | | | | | |
| Mailing Address | | | | | | |
| City New Paltz | State | NY | Zip | Country | IISA | |
| Name of Additional Joint Inventor, if any: | | ☐ A petition | has been filed for this | | | |
| Given Name (first and middle (if any) | | | Family Name or | Surname | | |
| Michael B. | | Kelley | | | | |
| Inventor's Mulul B. Kelley | | Date / Ø | Feb 2004 | • | | |
| Residence: City Northfield | State | · VT | Country USA | | Citizenship US | |
| Mailing Address 48B Wilson Road | | | | | | |
| Mailing Address | | | | | | |
| City West Point | State | NY | Zip 10996 | Country | USA | |
| Name of Additional Joint Inventor, if any: | | A petition | has been filed for this | unsigned inv | ventor | |
| Given Name (first and middle (if any) | | | Family Name or | Surname | | |
| | | | | | | |
| Inventor's Signature | | Date | | | | |
| Residence: City | State | | Country | | Citizenship | |
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| Application Number | | |
| Filing Date | | 1 |
| First Named Inventor | Michael A. Butkus | |
| Title | Method For Improving Ultra | violet |
| Art Unit | | |
| Examiner Name | | 1 |
| Attorney Docket Number | 991342 | <i>†</i> |

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| OR | | | | | | | |
| X Practition | oner(s) named be | low: | | | | | • |
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| Ala | an P. Klei | n | | 26,926 | | | |
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| as my/our atto | orney(s) or agent(s) fice connected the | to prosecute the application | identified | above, and to tra | ansact all busines | s in the Un | nited States Patent and |
| | | correspondence address for | the above | -identified applic | ation to: | | |
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| I am the: X Appli | cant/Inventor. | | | | | | İ |
| Assig State | gnee of record of t ement under 37 Ci | he entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form | R 3.71. <i>PTO/SB/</i> 9 | 96) | | | |
| | | SIGNATURE of | Applican | t or Assignee o | f Record | | |
| Name | Michael/A. | Butkus | | | | | |
| Signature | ander | | | | | | |
| Date 2 | 05 Feb | अट्टा | | | Telephone | 1840 | -) 938-2820 |
| NOTE: Signature forms if more that | es of all the inventor an one signature is n | s or assignees of record of the enti equired, see below*. | ire interest | or their representat | ive(s) are required. | Submit multi | |
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| Application Number | The series than bell and the series of the s | |
| Filing Date | | } |
| First Named Inventor | Jeffrey A. Starke | 1 |
| Title | Method For Improving Ultra | d violet |
| Art Unit | 010.0 | 1 |
| Examiner Name | | 1 |
| Attorney Docket Number | 991342 |) |

| I hereby appoint: | | |
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| | with the Customer Number: | |
| OR | <u> </u> | |
| X Practitioner(s) named be | elow: | • |
| | Name | Registration Number |
| Alan P. Klei | 1 | 26,926 |
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| Trademark Office connected the | s) to prosecute the application identified a erewith. | above, and to transact all business in the United States Patent and |
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| Applicant/Inventor. | | · |
| Assignee of record of the Statement under 37 CF | he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/96 | 5) |
| | SIGNATURE of Applicant | or Assignee of Record |
| Name, Jeffrey A. | .Starke | |
| Signature Lyfry G. A | table | |
| Date 5 Feb 2004 | | Telephone (845) 938 3042 |
| NOTE: Signatures of all the inventors forms if more than one signature is re | or assignees of record of the entire interest or quired, see below. | their representative(s) are required. Submit multiple |
| X *Total of 4 for | orms are submitted. | |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Filing Date | | f |
| First Named Inventor | Michael P. Labare | |
| Title | Method For Improving Ultra | 1 |
| Art Unit | The first two two times of the | ATOTE |
| Examiner Name | | ł |
| Attorney Docket Number | 991342 | • |

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| Applicant/Inventor. | | | | |
| Assignee of record of Statement under 37 C | the entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/98 | 5) | | |
| | SIGNATURE of Applicant | | ecord | |
| Name Michael P. | Labare | | | |
| Signature 7/// | tret thomas | | | |
| Date 5Felf | 2001 | | Telephone | 845 938 3341 |
| NOTE: Signatures of all the inventor forms if more than one signature is n | s or assignees of record of the entire interest or equired, see below*. | their representative(| s) are required. S | Submit multiple |
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| First Named Inventor | Michael B. Kelley | - |
| Title | Method For Improving Ultra | d aviolet |
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| Examiner Name | | 1 |
| Attorney Docket Number | 991342 | † |

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| A | lan P. Klei | n | 26, | 926 | | | |
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| ☐ As | oplicant/Inventor. signee of record of the stement under 37 CF | ne entire interest. See 37 CFR 3. FR 3.73(b) is enclosed. (Form PT | .71. (O/SB/96) | | | | |
| | | SIGNATURE of Ap | | signee of | Record | | |
| Name, | Michael B. | | | | | | |
| Signature | Mulin | L B. Kelley | , | | | | |
| Date | 10 / | cl. 2004 V | | | Telephone | (802) 485-21 | 3.0 |
| NOTE: Signat forms if more | tures of all the inventors than one signature is re | or assignees of record of the entire in | nterest or their re | presentativ | | | 3 |
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